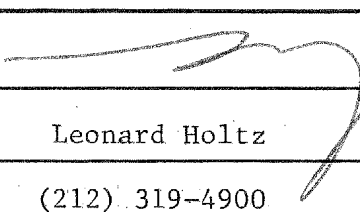


AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:						
Yechiel GOTFRIED						
Application No. 10/616,218						
Filed: July 8, 2003						
Title: INTRAMEDULLARY NAIL SYSTEM AND METHOD FOR FIXATION OF A FRACTURED BONE						
Attorney Docket No.	03398/LH	Art Unit: 3733				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Sanford T. Colb</td> <td>26,856</td> </tr> </tbody> </table>			Name	Registration Number	Sanford T. Colb	26,856
Name	Registration Number					
Sanford T. Colb	26,856					
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>						
SIGNATURE of Practitioner of Record						
Signature		Date Feb 19, 2008				
Name	Leonard Holtz	Registration No., if applicable 22,974				
Telephone	(212) 319-4900					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.